

FILED
APR 17 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

RMW

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

United States Plaintiff,
vs. Of America

CV 08 - 1999
CASE NO. CV. 9400. SL

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(PR)

Elias Hernandez, m. Defendant.

I, Elias Hernandez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: Forms. ~~N/A~~ Motion to discharge or dissolve writ attachment, 68 Federal Procedure Forms 4 Ed. Creditor's provisions, Remedies 1972.

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 I working in the de recreation. Area
 5 or
 6 Aircraft

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ___ No ☒
 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 GA. Bolinder ~~2000~~ 136 N.C. + Hibrids Ygouers
 22 Seed Ass'n 219 Neb. 296, 363 N.W. 2d 362 (1985) related
 23 reference 228 Neb 306 422 N.W. 2d 542 (1988).

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: Elias Hernandez m.

25 Spouse's Place of Employment: NIA

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

Bros. 630 Kilauea ~~261~~ 261, 164 P. 663 (1917).

Black Hill Mercantile Co. v Bender 59, S.D. 241

5. 238 W. W. 883, 86 ALR. 585 (1931) - Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ☐ No ☒

Make Year Model

Is it financed? Yes ☐ No ☐ If so, Total due: \$ 0

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ 0

Do you own any cash? Yes ☐ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ 0 Utilities: N/A

Food: \$ 0 Clothing: N/A

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

N/A

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes Y No

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

ACQUOISE. Sent. Appeal. 2255 AND 2254
SAW FRANCISCO AND JUDGE CA

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3-4-08

DATE

Elias Hernandez m.

SIGNATURE OF APPLICANT

Case Number: CR. 94005 L

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Elias Hernandez M. for the last six months
[prisoner name]
Nrc. Springfield, Miss. where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 4/4/08

R. J. Hanger Mental Health Unit
[Authorized officer of the institution]
Counselor.

InmateStatementCombined

Inmate Statement

Inmate Reg # 1007178
 Inmate Name: ERNANDEZ, ROBERTO
 Report Date: 04/20/08
 Report Time: 02:20:50 PM
 Current Institution: Santa Ana
 Housing Unit: 31002
 Living Quarters: 31002

Alpha Code	Date/Time	Reference#	Payment#	Receipt#	Transaction Type	Transaction Amount	Encumbrance Amount	Ending Balance
SPG	11/2/2007 3:51:04 AM	TX110207			Transfer - In from TRUFACS	\$0.00	\$0.00	\$0.00
SPG	10/27/2007 6:16:00 AM	TX102707			Transfer - Out to TRUFACS	\$0.00	\$0.00	\$0.00
SPG	10/20/2007 5:42:51 AM	TX102007			Transfer - In from TRUFACS	\$0.00	\$0.00	\$0.00

Total Transactions: 3

Totals: \$0.00 \$0.00 \$0.00

Current Balances

Alpha Code	Available Balance	Pre-Release Balance	Debt Encumbrance	SPO Encumbrance	Other Encumbrance	Outstanding Instruments	Administrative Holds	Account Balance
SPG	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Other Balances

National 6 Months Deposits	National 6 Months Withdrawals	National 6 Months Avg Daily Balance	Local Max Balance - Prev 30 Days	Average Balance - Prev 30 Days	Commissionary Restriction Start Date	Commissionary Restriction End Date
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A